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graduate glass, pitcher, and teaspoon. Have ready table salt, filtering paper or absorbent cotton. A large tumbler may be used if a graduate glass is not to be had. Two tumblers of water make one pint. Pour the water out of the kettle and rinse with sterile water. Be sure you have everything you require ready before you start to make the saline. Hands and nails must be surgically clean. After measuring the water, add the salt, as directed; filter into the clean kettle and boil briskly for one hour. Pour the saline into the sterilized pitchers, add enough sterile water to supply quantity lost by evaporation, cover tightly with the sterilized towels and tie with gauze bandages. If the saline is required for immediate use, stand one pitcher in cold water, changing frequently.

Every nurse will find it a great convenience to carry in her bag, if going out of town, three little bottles of concentrated saline solution, sterilized, or the compressed salt solution tablets, prepared by manufacturing chemists, some filtering paper or absorbent cotton. The above requires very little space and will save much time.

THE NEW YORK STATE EXAMINATIONS

By JANE ELIZABETH HITCHCOCK, R.N.

Secretary, State Board of Nurse Examiners

It is a familiar thought that the teaching of diet cooking for the sick is the most difficult requirement of registration for training schools to reach. It is equally well understood that strong efforts are being made on the part of the schools for adequate teaching force and equipment for such instruction. In submitting the following criticism, all this is borne in mind, and its purport is not discouragement, but rather a desire to take into our confidence all those who are working with the Department of Education towards the perfection of the training-school curriculum.

In the examination of June, 1908, diet cooking was treated on its most practical side. Simple recipes of food of the most every-day variety were called for, and amusing replies were elicited. It was suggested to the Board that cooking teachers to-day do not require memorized rules and that many of the lessons or lectures are based on chemical values, etc. Following this hint, the questions in the last examination (February, 1909) aimed to call for a more scientific knowledge of food-stuffs, food values, and the changes of these values in health or illness, youth or old age. The effect was disastrous. In June, 1908, 86 per cent. of those examined received the 75 per cent. pass mark. In February,

1909, only 38 per cent. passed. Here are a few interesting answers in this last examination.

Question.—What is predigested food?

Answers.—Food expelled from the stomach before the stomach has a chance to go through the churning process.

Food that has not been properly digested in the stomach.

Question.—What is condensed milk? State its value as a food.

Answer.—Milk that has been mixed with equal parts of water. It is a valuable food, as it is easily digested and readily absorbed in the stomach. It could not be used in a restricted diet as it contains too much water.

Question.—What effect on the system has hot water when taken internally?

Answer.—Acts as a panacea.

Question.—What are the most important food products derived from the vegetable kingdom?

Answer.—Eggs, meat, milk.

Question.—State the food value of green vegetables.

Answers.—Green vegetables have a high food value on account of their fats.

Valuable for carbohydrates.

Green vegetables contain nearly all the food products that is required to build up the system. A man can live on vegetables, but he would be healthier if he had some proteid material with his vegetables.

Question.—What changes in diet should be made in advanced years?

Answers.—Should have more fats and proteids as tissue builders.

The changes in diet should be made in advanced years when of age the food is more harder to digest, why, because they may not have the strength to take exercise enough for their food properly to digest.

More meats, because the body does not contain so much body heat in advanced years, and therefore requires those foods which make it.

Verily, there is still something to be done in our schools along the line of intelligent preparation of proper nourishment for our sick.

In materia medica, candidates are still weak in the mixing of solutions, not understanding how to prepare from the drug. Some advised boiling boracic as long as two hours, and some the same with carbolic. They knew the per cent. of the saturated solution but had no idea of the amount needed to make it. The antidotes for poisons were in most cases guesses. Still there were some excellent papers, as the number that were passed shows. In these days of "ethical proprietary drugs" it is harder for a nurse to learn dosage and, for that matter, harder

for her to know what she is giving her patient. In the old days of dosing it was easier to learn dosage and drugs; but we do need to know how to prepare solutions and have intelligence enough to divide tablets and to give correct doses hypodermically when ordered.

It is surprising that anatomy and physiology should show such a large per cent. of failures. Heretofore this has been one of the best subjects. It is interesting to note that materia medica and the nursing of children no longer have a lower per cent. than anatomy and physiology. Perhaps more energy put upon the two first subjects has taken away from the last. At all events, it is an unusual situation that anatomy and physiology should receive so low a per cent. Here is rather an amusing answer to one of the questions in anatomy. The tongue, in two papers, is given as an example of an involuntary muscle. Perhaps this explains its old reputation for being an "unruly member."

The practical examination showed very good work. Of the 237 who took the test, only 11 failed. Much of the detail was excellent. A little was very poor indeed. We regret to record that the poorest work was done in the demonstration of comforts for the sick, arrangements of pillows, etc. The preparation of sterile gloves was well handled, but devices for keeping patients comfortable during long, painful illnesses was weakly treated.

To summarize: the examination showed that our nurses are not yet well equipped in diet cooking or improvised arrangements for sick-room comforts, but show marked improvement in the care of sick children, the understanding of the administration of drugs, and surgical technic.

SUMMARY

Subject	No. passed	Per cent. passed
Practical examination	226	95.3
Anatomy and Physiology	176	74.2
Medical Nursing	235	99.1
Obstetrical Nursing ¹	227	96.5
Nursing of Children	202	85.2
Bacteriology	227	95.7
Surgery	226	95.3
Materia Medica	207	87.3
Diet Cooking	92	38.8
General Average	198	83.5

Total number of candidates, 237.

¹ Total number examined in obstetrics, 235.